

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	/		
2		/					52	/		
3		/					53	/		
4	/						54	/		
5	/						55	/		
6	/						56	/		
7	/						57	/		
8	/						58	/		
9	/						59	/		
10	/						60	/		
11	/						61	/		
12	/						62	/		
13	/						63	/		
14	/						64	/		
15	/						65	/		
16	/						66	/		
17	/						67	/		
18	/						68	/		
19	/						69	/		
20	/						70	/		
21	/						71	/		
22	/						72	/		
23	/						73	/		
24	/						74	/		
25	/						75	/		
26	/						76	/		
27	/						77	/		
28	/						78	/		
29	/						79	/		
30	/						80	/		
31	/						81	/		
32	/						82	/		
33	/						83	/		
34	/						84	/		
35	/						85	/		
36	/						86	/		
37	/						87	/		
38	/						88	/		
39	/						89			
40	/						90			
41	/						91			
42	/						92			
43	/						93			
44	/						94			
45	/						95			
46	/						96			
47	/						97			
48	/						98			
49	/						99			
50	/						100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			